U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7486	2. Fisca	2. Fiscal Year Covered From:  1			
3. Name and address of person filing.	4. Name	4. Name, file number, and address of labor organization.			
Name Steve Shively	Name	Name Northern Ohio Administrative District Council			
	Labor	- Labor Organization File Number 530 / 173			
P.O. Box, Bldg., Room No., if any	P.O. I	P.O. Box, Building and Room Number, if any  Street 16600 Sprague Road, Suite 275  City Middleburg Heights			
Street 1310 Siler Street	Street				
City Fremont	City				
State Ohio ZIP Code +4 43420	State	Ohio	ZIP Co	ode + 4 44130	
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Date

Telephone Number

Name of Person Filing Steve Shively		
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Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organizat	ion
P.O. Box, Bldg., Room No., if any	b. Trust	
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Name Ohio Bricklayers Pension Fund	Educational Confere	nce IFEBP 11/30-12/4/04
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City  Cincinnati	11.b. Approximate dollar value 12.a. Nature of interest held	Secretary and the secretary an
State Ohio ZIP Code + 4 45202		I CONTROL I CONT
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	şo

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substandial part of which consists of buying from, selling or teasing to, or otherwise dealing with the business (2) any part of which consists of buying from or selling or leasing the control whose organization or with a trust in which your labor organization or with a trust in which your labor organization is interested.  8. Name and address of Business (including trade name, if any).  Name  7. Rade Name, if any:  P.O. Box, Bidg, Room No., if any  Street  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name (Evergreen Investment  7. Trade Name, if any:  P.O. Box, Bidg, Room No., if any  Street 123 South Broad Street  City Fhilladelphia  2. P.Code + 4 [19109]  11.b. Approximated other value of such dealing.  11.c. Nature of interest held or income received.  12.a. Nature of interest held or income received.  12.a. Nature of interest held or income received.  13. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  14.a. Nature of payment.  15. Nature of payment.  16. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  16. Received from any employer or Labor Relations Consultant (including trade name, if any).  17. Name.  18. Nature of interest held or income received.			T	Chiroles	Name of Person Filing Steve	Na
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